## **CAMPAIGN FINANCIAL DISCLOSURE STATEMENT**

For State and Local Candidates For Single-Candidate Committees

1.	DATE OF REPORT			COMMITTEE		
	3-31-09	CAR	ol B	ERZ		
2.b	IF COMMITTEE, NAME OF CANDIDATE	11.			3. ELECTION D	DATE
					3-3	2019 Page
-	CAMPAIGN ADDRESS AND PHONE				3-3	- 01
4.a	Street or Rural Route	City		State	Zip Code	Phone
			4-01			
	5896 BRAINERD RD	CHATTAN	100GA	[N	37411	423-855-4141
4.D	<ul> <li>CANDIDATE'S HOME ADDRESS (if differen Street or Rural Route</li> </ul>	t than 4.a.) Citv		State	Zip Code	Phone
-		CHATTANO	000	-1		
				OF DOLUTION	37421	423-892-6631
5.	OFFICE SOUGHT (include district number, i				L TREASURER (ma	ay be candidate)
CH	ATTANOOGA CITY COUNCIL - DI	STRICT 6	4	ASON 1	FORD	
7.	CATEGORY OR REPORT (Check one)			_		_
	FIRST SECOND THIRD	FOURTH	PRE-	7	ST MID-YEA	R YEAR-END
	QUARTER QUARTER QUARTER		PRIMARY	GENERAL	SUPPLEMEN	
8.a	BEGINNING DATE OF REPORTING PERIOD		8.b. ENDIN	G DATE OF REF	PORTING PERIOD	
	2-22-09		3	-31-09	7	
9. (	Check one)					
	a. This campaign is exempt from detaile	d disclosure becaus	e contribution	se (including in-	kind) received total	\$1 000 or loss AND average
	tures total \$1,000 or less for this repo					\$1,000 or less AND expendi-
	b. This campaign is required to file a de and/or expenditures total more than s	tailed financial disclo	osure becaus	e contributions	(including in-kind) r	eceived total more than \$1,000
	and/or experionales total more than t	or, doo for this repor	ung penoa.			
	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1			-10 - 1/20 - 1/20	925 W 9800 D	
10.	I/we do solemnly swear or affirm that the in	nformation contained	in this camp	aign financial	disclosure report is	true and that this report is an
	accurate accounting of campaign contribution Financial Disclosure Act. Additionally, I/we	ons and expenditure swear or affirm that	no campaign	contributions h	the candidate comi	d for the personal financial
	benefit of the candidate or for any other nor	political purpose as	defined by th	e federal interr	nal revenue code.	a for the personal infantial
100000	1. 7	1 .		0	1	0 .//
l X	(Altertion	46/19	7	W.	an Fred	4/8/09
74	signature of candidate	date	-	signature	e of political treasur	date
	1.5	,		0		
11.	WITNESS SIGNATURE					
1.1.	A A	11				1 1
V	Verson Bern	4/8/09	)	( () am	mil (Kon.	- 4/8/ng
_	signature of witness	- Idate		Sign	nature of witness	110101
	U signature of withess	• date		() sign	nature of witness	date
	0.111151					
12.	SUMMARY					
	a. BALANCE ON HAND LAST REPORT			THE THE PARTY OF T	s 13 716	.77
					, ,	
	b. TOTAL RECEIPTS THIS PERIOD	*************			s 1,925	90
					12-11	4 24/
	b. TOTAL RECEIPTS THIS PERIOD	***************************************	**************	*************	\$ /3,26	2.37
						2004 32
	d. BALANCE ON HAND (12.a. plus 12.b. r	minus 12.c.)				\$ 2,376.33
_						
	e. TOTAL LOANS OUTSTANDING			*******		5 -0-
_						
						-0-
	f. TOTAL OBLIGATIONS OUTSTANDING		••••••			\$ ———



#### SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full)	14. REPORT COVERING THE PERIOD
BECEIPTS	FROM: 2-22-09 TO:3-31-09
RECEIPTS 15. CONTRIBUTIONS (other than loans and interest)	
a. Unitemized Contributions (\$100 or less from each source this period)	s <u>275.••</u>
b. Itemized Contributions (over \$100 from each source this period)	\$ 1650. °°
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.)	/
16. LOANS RECEIVED THIS REPORTING PERIOD	\$ <u>-0-</u>
17. INTEREST RECEIVED THIS REPORTING PERIOD	
18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.)	\$ <u>/925.9°</u>
DISBURSEMENTS	
19. EXPENDITURES (other than loan payments)	
a. Expenditures (\$100 or less each payee this period) (must be listed by category - e.	g., printing, postage, gasoline)
Food \$ 279.5	
OFFICE SUPPLIES \$ 358,	<u>/</u>
UTILITIES \$ 78.0	4
FUEL \$ 72.5	
\$	
•	
\$	
<b>-</b>	_
\$	
Total of Expenditures (\$100 or less each payee)  b. Itemized Expenditures (Over \$100 each payee this period)	\$ 788.65
b. Itemized Expenditures (Over \$100 each payee this period)	.s <u>9977.69</u>
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.)	
20. LOAN REPAYMENTS MADE THIS PERIOD	
21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.)	\$ 13,266.34
22.IN-KIND CONTRIBUTIONS	
a. Unitemized in-kind contributions (\$100 or less from each source this period)	COLUMN TO THE PROPERTY OF THE
b. Itemized in-kind contributions (over \$100 from each source this period)	\$ /300.00
c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 22.a. and 22.b.	)\$ <u>/300.°°</u>
23. OBLIGATIONS	
a. Unitemized Obligations Outstanding (\$100 or less each)	\$ <del>-0-</del>
b. Itemized Obligations Outstanding (Over \$100 each)	\$0-
c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown i item	12.f.)

#### **ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE**

. NAME OF CANDIDATE OR C	OMMITTEE BERZ		ERING THE PERIOD
***************************************	CONTRIBUTIONS FROM PRECEDING		9 TO: 3-31-09 Amount
		N (contributions totaling more than \$100 from any contribu	tor
st Name	Middle Name	Contribution Received For:	Amount of Contribution
st Name/Organization Name	AC (PAC)	Primary Election General Election	25- 80
P.o. 787		Runoff (Local Elections Only)	250.00
CHATIANOO GIA	State Zip Code 3740/	Date of Contribution	Aggregate This Election
ployer		2-28-09	250.00
ToN	Middle Name	Contribution Received For:	Amount of Contribution
st Name/Organization Name  KINSE Y	ine or	☐ Primary Election	500.00
CHATTANOOGA	State Zip Code 37408	Date of Contribution	Aggregate This Election
cupation  BUSINESS M.  ployer		2-28-09	500.00
it Name	Middle Name	Contribution Received For:	Amount of Contribution
Name/Organization Name  MILLS II		Primary Election General Election  Runoff (Local Elections Only)	500.00
CHATTANOOGA	State Zip Code 7N 37406	Date of Contribution	Aggregate This Election
BUSINESSN ployer		2-28-09	500.00
TOANNE	Middle Name	Contribution Received For:	Amount of Contribution
Name/Organization Name  FAVORS	-	Primary Election   General Election	200,00
244) MEAD		Date of Contribution	
CHATTANOOGA			Aggregate This Election
STATE Doloyer	REP - TN	2-28-09	200,00
	UTIONS  If additional pages of this form are used.)  this amount must be shown in item 15b, of summary.)		1,450.00

## ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE				2. REPORT COVER	RING THE PERIOD
CAROL BERZ	FROM: 2-22-09	TO:3-31-09			
3. TOTAL ITEMIZED CAMPAIGN CONTRIBU	TIONS FRO	OM PRECEDING PA	GE (enter \$0 if first itemized n	Amount 1450.00	
4. COMPLETE THE APPROPRIATE ITEMS FOR E					1130.
First Name	ne	Contribution Received For:		Amount of Contribution	
Last Name/Organization Name			Primary Election	General Election	
JOANNE FAVORS CA	MPAI	GN			200.00
Address P.O. BOX 16069			Runoff (Local Election	ns Only)	
CHATIANOOGA State Zip Code 37416			Date of Contribution	Aggregate This Election	
Occupation	CRITICAL STATE OF THE STATE OF			-0	
Employer			2-28-	07	200.00
First Name	Middle Nar	ne	Contribution Received For		Amount of Contribution
Last Name/Organization Name			Primary Election	General Election	
			1 -		
Address			Runoff (Local Election	ns Only)	
City	State	Zip Code	Date of Contribution		Aggregate This Election
Occupation					
Employer			-		
First Name	Middle Nam	ne	Contribution Received For		Amount of Contribution
Last Name/Organization Name			Primary Election	3	
Address			Runoff (Local Election		
Ch.	10	1			
City	State	Zip Code	Date of Contribution		Aggregate This Election
Occupation		V			
Employer			1		
	SCORE STATE OF THE SCORE STATE O				
First Name	Middle Nam	ne	Contribution Received For.		Amount of Contribution
Last Name/Organization Name			Primary Election	General Election	
Address		Runoff (Local Election	s Only)		
City	State	Zip Code	Date of Contribution		Aggregate This Election
Occupation		1			
Employer		-		10	
TOTAL ITEMIZED CONTRIBUTIONS     (Carry forward to item 3. of next page if additional pages     (If this is the last page of contributions, this amount must					1,650.00

## ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

NAME OF CANDIDATE C					2. REPORT COVE	RING THE PERIOD
CARI	OL BER	Z			FROM: 2-22-0	9 TO: 3-31-09
3. TOTAL ITEMIZED IN-KIN		Amount - O-				
4. COMPLETE THE APPROPR	IATE ITEMS FOR EA	CH ITEMI	ZED IN-KIND CONTRIBI	UTION (in-kind contributions totaling m	ore than \$100 from any co	ontributor during the period)
First Name		Middle Na	me	In-Kind Contribution Received Primary Election	For: General Election	Value of In-Kind Contribution
Last Name/Organization Name FAIL WAY OUT	DOOR AD	VER-	TISING	Runoff (Local Elections		300.**
P.o. Box	00125			Date of In-Kind Contribution 2 -	9-09	Aggregate this Election
CHARLOTTE		State	Zip Code	Description of In-Kind Contribution		
Occupation	Employer			BILLBOARD	ADVERTIS	ING SRVCS
First Name		Middle Na	me	In-Kind Contribution Received Primary Election	For: General Election	Value of In-Kind Contribution
Last Name/Organization Name  BRAINERD VILLA	GE SHOPP	NG C	ENTER, LLC	Runoff (Local Elections		1,000.00
Address 2200 21 TAVEN				Date of In-Kind Contribution 3 -	6-09	Aggregate this Election
City NASHVILLE		State	Zip Code 37212	Description of In-Kind Contribution		
Occupation	Employer			OFFICE STAC	E FOR CA	mpaign HQ
First Name		Middle Na	me	In-Kind Contribution Received	PSSY	Value of in-Kind Contribution
Last Name/Organization Name				☐ Primary Election ☐ Runoff (Local Elections	General Election Only)	
Address				Date of In-Kind Contribution		Aggregate this Election
City		State Zip Code		Description of In-Kind Contribution		
Occupation	Employer					
First Name		Middle Na	me	In-Kind Contribution Received	For:	Value of In-Kind Contribution
Last Name/Organization Name				☐ Primary Election ☐ ☐ Runoff (Local Elections	General Election	
Address				Date of In-Kind Contribution	Aggregate this Election	
City		State	Zip Code	Description of In-Kind Contribution		
Occupation	Employer			-		
First Name		Middle Nan	ne	In-Kind Contribution Received		Value of In-Kind Contribution
Last Name/Organization Name				V2	General Election	
Address				Runoff (Local Elections  Date of In-Kind Contribution	Only)	Aggregate this Election
City		State	Zip Code	Description of In-Kind Contribution		Agragate the Election
Occupation	Employer			Sessipuor or ire Nino Contribution		
	Linpoyer		2.116			
5. TOTAL ITEMIZED IN-KIN (Carry forward to item 3. of next p	page if additional pages	of this form a				/300.00
(If this is the last page of in-kind of SS-1128 (Rev. 2/06)	Annuoudns, triis amour	it must be st	lown in item 22b, of summary	y.)	5 . 9	1,0

#### ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMM	COVERING THE PERIOD  -09 TO: 3-3/-09  Amount			
3. TOTAL ITEMIZED CAMPAIGN EXP				-6-
4. COMPLETE THE APPROPRIATE ITEM	S FOR EACH ITEM	IIZED EXPENDITURE	(expenditures totaling more than \$100 to any payee during	g the period)
irst Name Middle Name			Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name U.S. Post/	MASTER			
Address	MAST CK	***************************************	POSTAGE	795.16
City	State	Zip Code		
First Name	Name Middle Name			Amount of Expenditure
Last Name/Business Name			٠,	
DIVERSIFIED COMI	PANIES, L	Le	PRINTING & MAILING	
Address 3721 POWERS Co	URT		SERVICES	2917.29
CHATTANOGA	State	Zip Code 37416		
First Name	Middle Na	me	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name			-	1811
CHATTANOOGA NEWS	CHRONIC	LE		
P.O. Box 4505			ADVERTISEMENT	400.00
City	State	Zip Code	+	
CHATTANOOGA	TN	37405		
First Name	Middle Nar	me	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name	E0 D		CITATINA P. FO	
ELECTRIC Power	ER BOA	RD	ELECTRIC POWER	1111
		·	SERVICES @ HQ	141,22
City	State	Zip Code		
CHATTANOOGA	TN	37422		
First Name	Middle Nar	me	Purpose of Expenditure	Amount of Expenditure
ast Name/Business Name			7 200 1 1 200	
Address P.o. Box 53864	· )		PHONE & INTERNE SERVICES @ HQ	162.61
City ATLANTA	State GA	Zip Code 3 o 3 5 3	SERVICES (W HQ	
First Name SUSAW	Middle Nan	Martin Land Co.	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name			100000	/
DISTEFANO			CAMPAIGN CELEGRATION  DINNER EXPENSES	ON
Address 4/21 ST ELMO		_	DINNER EXPENSES	241,12
CHATALOO GA	State	37 40 9		
5. TOTAL ITEMIZED EXPENDITURI (Carry forward to item 3. of next page if additit, (If this is the last page of expenditures, this an	ES onal pages of this form			4657.40

## ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTE				2. REPORT COVE	RING THE PERIOD		
	•				TO: 3-3/-04 Amount		
TOTAL ITEMIZED CAMPAIGN EXPEND     COMPLETE THE APPROPRIATE ITEMS FOR	OR EACH ITEM	OM PRECEDING PA	GE (enter \$0 if first itemized pa	ige)	4,657,40		
First Name	Middle Na		Purpose of Expenditure	I to any payee during the pe	Amount of Expenditure		
Last Name/Business Name					Amount of Expenditure		
TINKER Address			PHONE BAN		405.00		
4405 LUNA LN			SERVICES	703.			
CHATTANOOGA	State	37 411					
First Name  NADINE	Middle Na	me	Purpose of Expenditure	New Year of the New York	Amount of Expenditure		
Last Name/Business Name			-				
Address - Address -			- PHONE BAI	VKING			
Address 803 EDDING 5	7	7:01	SERVICES		270.00		
CHATTANOO GA	State 7	374 /1					
First Name TERRI LYNN	Middle Na	me	Purpose of Expenditure		Amount of Expenditure		
Last Name/Business Name			7	1.4.0			
Address			_ PHONE BA				
719 BELLE VISTA	Address 719 BELLE VISTA AVE				270.00		
CHATTANOOGA	TW	Zip Code 37411					
First Name CYNTHIA	Middle Nan	ne	Purpose of Expenditure		Amount of Expenditure		
Last Name/Business Name  TAVLOR			704.5				
Address 1/2 LANN ST			- PHONE BAI	VRING,	200 00		
City	State	Zip Code	- SERVICES	270.00			
CHATIANDO GA	TN	37405					
First Name	Middle Nam	ne	Purpose of Expenditure		Amount of Expenditure		
Last Name/Business Name DERRYBERRY PUBLIC RE	ATION	15 110					
Address	LATION	, 200	CONSULTIN	6	2000 00		
City 421 MARKET ST	State	Zip Code	- SERVICES		2,000.00		
CHATTANOOGA	TN	37402					
First Name	Middle Nam	e	Purpose of Expenditure  ELECTION	(C	Amount of Expenditure		
Last Name/Business Name RIVERSIDE WINE & SP	1915			LEBRATION	247.69		
Address 600 MANUFACTURERS			REFRESHME	VICTORY CELEBRATION REFRESHMENTS			
CHATTANOGA	State	Zip Code 37 405					
5. TOTAL ITEMIZED EXPENDITURES							
(Carry forward to item 3. of next page if additional page (If this is the last page of expenditures, this amount					8/20,09		
<b>A</b>				-			

# ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITT				2. REPORT COVERING THE PERIOD
CAROL BE				FROM: 2-22-09 TO: 3-31-09
3. TOTAL ITEMIZED CAMPAIGN EXPEN	IDITURES FR	OM PRECEDING P	AGE (enter \$0 if first itemized pa	Amount 913 a 99
4. COMPLETE THE APPROPRIATE ITEMS F	OR EACH ITE	MIZED EXPENDITURE	E (expenditures totaling more than \$100	) to any payee during the period)
First Name	Middle N		Purpose of Expenditure  ELECTION	Amount of Expenditure
Last Name/Business Name  CAFE ROMAINE			VICTORY CE	LEBRATION
EASTBATE TOWN	CENT	ER	FOOD & REFRE	ESHMENTS 775.00
CHUTTANOO BA	State	Zip Code 37411		
First Name	Middle N	ame	Purpose of Expenditure	Amount of Expenditure
ast Name/Business Name			FOOD & REFRES	SHMENTS
WALMART Address			_ FOR IDLUNTED	ERS
CHATTANOOGA LOC	Prions		RECEPTION EV	
City	State	Zip Code	SUPPLIES	
CHATTANOOGA	TW	37421	OFFICE SUPPLI	ES
First Name	Middle N	ame	Purpose of Expenditure	Amount of Expenditure
ast Name/Business Name			PAPER & PRIM	VTING
OFFICE DEPOT			PAPER & PRIM SUPPLIES PHOTO COPIES	
CHATTANOOGA L	CATIO	15	PHOTO COPIES	CARDS 596.79
Dity	State	Zip Code	ENVELOPES &	FFICE
CHATTANOO GA	TN	3742)	ENVELOPES &	
First Name	Middle Na	me	Purpose of Expenditure	Amount of Expenditure
ast Name/Business Name				
Address			1	
City	State	Zip Code		
irst Name	Middle Nar	me	Purpose of Expenditure	Amount of Expenditure
ast Name/Business Name				
ddress	***************************************			
City	State	Zip Code		
First Name	Middle Nar	ne	Purpose of Expenditure	Amount of Expenditure
ast Name/Business Name		3		
ddress	~		-	
iity	State	Zip Code		
5. TOTAL ITEMIZED EXPENDITURES	pages of this form			9,977.69

## ITEMIZED STATEMENT OF LOANS - CANDIDATE

NAME OF CANDIDATE OR COMMITTEE	2.	2. REPORT COVERING THE PERIOD						
Capal Di								
CAROL BE 3. COMPLETE THE APPROPRIATE ITEMS F	OR EACH ITEM	(loans totaling s	nore than \$100	2	-22-0	7	3-31-09	
	0112101111211	ILLO LOAIV	(loans totaling i	iore triali \$100	from any source	e during the per	nod)	
Complete the Following for the Source of the Loan First Name Middle Nam	20	Toutstanding	Less Delesson					
		Outstanding Loan Balance Loans (Beginning of Period) Received			Loan (		Outstanding Loan Balance (End of Period)	
CAROL Last Name/Organization Name BERZ	2,50	0.00	-0-	- 3	500.00		-0-	
Address	Loan Receiv	ed For:	1/2/5/0		Date of Loa	n		
CHATTANOOGA State	Zip Code	☐ Primar	☐ Primary Election ☐ ☐ General Election			11-21	1-01	2,000. ** 3,000, **
CHATTANOOGA TN	37421	☐ Runoff	(Local Elections	Only)		12-3-	70 -	3,000,
List All Endor	sers or Guarantors	s for Above Loa	ın (If more spa	ce is needed	d please attach	a page)		
First Name	Middle Name		First Name				Middle	Name
Last Name/Organization Name			Last Name/Or	ganization Nan	ne			
Address			Address					
City	State Zip	Code	City				State	Zip Code
Amount Guaranteed Outstanding	1	His India kilika	Amount Guara	nteed Outstand	ding			
First Name	Middle Name		First Name Middle Name				Name	
Last Name/Organization Name			Last Name/Organization Name					
Address			Address					
City	State Zip	Code	City State Zip Code					Zip Code
Amount Guaranteed Outstanding			Amount Guara	nteed Outstand	ding			
First Name	Middle Name	=- M ===	First Name				Middle	Name
Last Name/Organization Name			Last Name/Organization Name					
Address			Address					
City	State Zip	Code	City				State	Zip Code
Amount Guaranteed Outstanding			Amount Guaranteed Outstanding					
First Name	Middle Name		First Name				Middle	Name
Last Name/Organization Name		-	Last Name/Org	anization Nam	né			
Address			Address		-			
City	State Zip	Code	City				State	Zip Code
Amount Guaranteed Outstanding			Amount Guarar	iteed Outstand	ding			
4 Totale for all I cane (complete on last	tomized lease'					-		
4. Totals for all Loans (complete on last page of (Total loans received should also be shown in item 16. on s	ummary page.)		Outstanding Lo (Beginning o		Loans Received	Loan Payme	(G.,	Outstanding Loan Balance (End of Period)
(Total loan payments should also be shown in item 20. on s (Total outstanding loan balance should also be shown in item	ummary page.) 12.e. on front page.)		2,500	, • •	-0-	250	0,00	-0-

